



2004 UMP Guide to Preferred Drugs

Uniform Medical Plan (**UMP**) provides access to quality health care at an affordable price. Beginning January 1, 2004, the UMP will use the *UMP Preferred Drug List* (formulary) to help manage the overall cost of providing prescription drug benefits for UMP PPO and UMP Neighborhood enrollees. The preferred drug list offers a wide range of medications to choose from and is reviewed regularly by an independent group of practicing health care providers to help ensure that the content is medically sound and supportive of your health.

As a result of recent state legislation, UMP will be starting to phase-in a new state Preferred Drug List during 2004. The legislation established a state Pharmacy and Therapeutics (P&T) Committee, staffed by Washington licensed health care professionals, to develop a preferred drug list based on clinical evidence and criteria for safe, effective and appropriate prescribing.

For 2004, the UMP Preferred Drug List includes drugs from the state Preferred Drug List (for drug classes already reviewed through the state process) and drugs from an Express Scripts National Formulary (for drug classes not yet reviewed). The state P&T Committee meets quarterly to review additional drug classes. Once these reviews are completed, the UMP Preferred Drug List may change based on the P&T Committee's recommendations.

In your UMP coverage, all prescription drugs are subject to an annual prescription drug deductible whether purchased through our mail service pharmacy or at a retail pharmacy. After the deductible has been satisfied, your cost for a prescription will vary according to whether you purchase it at a UMP network pharmacy or through mail service and a number of other factors, including whether the drug is a generic drug; a preferred drug; or a non-preferred drug. Each of these categories has a different enrollee cost-share tier, as shown in the table below. UMP retains the right to update the UMP Preferred Drug List or shift medications to different tiers during the year if generic or over-the-counter alternatives become available; or there are changes in the *Washington State Preferred Drug List*.

Please check the UMP Certificate of Coverage for certain exclusions, limitations

and prior authorization requirements that may apply to some medications. This Guide lists **only** the most commonly prescribed medications on the *UMP Preferred Drug List*. This guide was printed in the fall of 2003, so it contains information that was current at that time. For a complete up-to-date listing of medications on the *UMP Preferred Drug List*, you can visit the UMP Web Site at www.ump.hca.wa.gov or contact customer service at **1-866-576-3862**.

Tier (up to a 90-day supply per prescription or refill)	Enrollee's cost at a network retail pharmacy	Enrollee's cost using mail service pharmacy
Tier 1 Generic drugs ¹ , all insulin, and all disposable diabetic supplies	20% coinsurance or enrollee cost-share limit ² , whichever is less	\$10 copay ³
Tier 2 Preferred brand-name drugs	30% coinsurance or enrollee cost-share limit ² , whichever is less	\$40 copay ³
Tier 3 Nonpreferred brand-name drugs	50% coinsurance Maximum cost-share limit does not apply	\$80 copay ³

1. Generic drugs have the same active ingredient(s) as brand name drugs no longer under patent and are usually less expensive. They are typically sold under an alternate brand name or the generic (chemical) name for that drug.
2. A cost-share limit based on the number of days' supply purchased applies to **Tier 1** and **Tier 2** drugs that are purchased from a **UMP network retail pharmacy**. Please refer to your *UMP 2004 Certificate of Coverage* for details.
3. If the actual price of the medication is less than the standard copay, you pay a minimum charge of \$8.99 or the cost of the drug, whichever is greater—but not more than the standard copay.

How to Use This Guide

This guide lists medications several ways to help you find prescription medications and their respective cost-share tiers. Section 1 lists commonly prescribed medications on the *UMP Preferred Drug List*. Section 2 lists commonly prescribed non-preferred drugs, along with possible preferred or generic alternatives that may be considered by your provider.

In order to find which tier your medication is in, first look in Section 1. If your medication is not in Section 1, look in Section 2, as you may be taking a non-preferred medication. If your medication is not listed in either Section 1 or 2, you may consult the UMP Web site or contact Member Services at **1-866-576-3862** for assistance.

In both sections that follow, drug names that are CAPITALIZED indicate a brand name; drug names all in lowercase are generic. In some cases, a generic drug will be marketed under a brand name; however, the Tier 1 generic coinsurance/copayment will still apply as shown.

UMP Preferred Drugs by Therapeutic Categories Section 1:

This information is current at the time of printing and is subject to change.

ANTIINFECTIVES

Tier Antivirals

NOTE: All oral antiviral drugs for the treatment of HIV infection are Preferred.

- 1 acyclovir
- 1 rimantadine
- 2 TAMIFLU(not covered at mail)
- 2 VALTREX(not covered at mail)

Tier Cephalosporins

- 1 cefuroxime
- 1 cephalixin
- 2 CEFZIL

Tier Macrolides

- 2 BIAXIN, XL
- 2 ZITHROMAX

Tier Oral Antifungals

- 1 ketoconazole
- 1 nystatin
- 2 DIFLUCAN
- 2 LAMISIL tablets
- 2 SPORANOX

Tier Penicillins

- 1 amox tr/potassium clavulanate
- 1 amoxicillin
- 1 penicillin v potassium
- 2 AUGMENTIN ES, XR

Tier Quinolones

- 2 AVELOX, ABC PACK
- 2 CIPRO *
- 2 TEQUIN

Tier Topical Antifungals

- 1 ketoconazole
- 1 nystatin
- 2 MENTAX
- 2 PENLAC

Tier Topical Antifungal-Corticosteroids

- 1 clotrimazole/betamethasone
- 1 nystatin w/triamcinolone

Tier Urinary Antiinfectives

- 1 nitrofurantoin
- 1 macrocrystal
- 1 trimethoprim
- 2 MACROBID

ANTINEOPLASTIC/ IMMUNOSUPPRESSANT DRUGS

NOTE: All brand oral antineoplastics are considered preferred, unless available generically.

Tier

- 1 methotrexate
- 1 cyclosporine, modified
- 1 hydroxyurea
- 1 leucovorin
- 1 megestrol
- 1 tamoxifen
- 1 thioguanine

CARDIOVASCULAR MEDICATIONS

Tier ACE Inhibitors ± HCT Combos

- 1 enalapril maleate, hctz
- 1 lisinopril, hctz
- 1 moexipril
- 2 ALTACE

*This product is expected to have a generic equivalent or be available over the counter sometime in 2004. When that happens, the drug's coverage status may change without notice.

**This product is non-preferred and covered in Tier 3. It is listed only for purposes of clarification.

**Tier Angiotensin II
Receptor Antagonists
+ HCT Combos**

2 AVALIDE
2 AVAPRO
2 DIOVAN, HCT

Tier Calcium Antagonists

1 diltiazem, extended release
1 nifedipine extended release
1 verapamil hcl
2 NORVASC

Tier Centrally Acting Antihypertensives

1 clonidine hcl

Tier HMG-CoA Reductase Inhibitors

1 lovastatin
2 LIPITOR
2 PRAVACHOL

Tier Hypolipoproteinemics

1 gemfibrozil
2 ADVICOR
2 NIASPAN
2 WELCHOL
2 ZETIA

Tier Thiazide & Related Drugs

1 hydrochlorothiazide
2 ZAROXOLYN

Tier Other Antihypertensives

2 LOTREL

**AUTONOMIC & CNS
MEDICATIONS**

Tier Anticonvulsants

1 carbamazepine
1 phenytoin sodium, extended
2 DEPAKOTE
2 NEURONTIN
2 TEGRETOL XR
2 TOPAMAX
2 ZONEGRAN

Tier Antidementia Drugs

2 ARICEPT
2 EXELON

Tier Antidepressants

1 mirtazapine
1 trazodone hcl
2 EFFEXOR, XR
2 REMERON SOLTAB
3 REMERON TABLET**
2 WELLBUTRIN SR

Tier Antipsychotic Drugs

1 clozapine
1 haloperidol
1 perphenazine
1 quetiapine fumarate
1 thioridazine hcl
1 thiothixene
1 trifluoperazine hcl
2 ABILIFY
2 RISPERDAL
3 RISPERDAL M-TABS**
2 ZYPREXA
3 ZYPREXA ZYDIS**

Tier Antivertigo & Antiemetics

1 meclizine hcl
2 ZOFRAN, ODT

Tier Class II Narcotics

1 morphine immediate release
1 morphine long acting
1 oxycodone/acetaminophen
1 methadone

Tier Class III Narcotics

1 acetaminophen/codeine
1 hydrocodone/acetaminophen

Tier CNS Stimulants

1 amphetamine salt combo
1 dextroamphetamine sulfate
1 methylphenidate hcl
2 CONCERTA
2 METADATE CD
2 METADATE ER

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Tier **Other Drugs For ADHD**
 2 STRATTERA

Tier **Drugs To Prevent & Treat Headaches**
 1 butalbital/apap/caffeine
 2 MAXALT
 3 MAXALT MLT**
 2 IMITREX injection,nasal
 3 IMITREX tablet**

Tier **Sedative/Hypnotics**
 1 temazepam
 2 AMBIEN
 2 SONATA

Tier **Selective Serotonin Reuptake Inhibitors**
 1 fluoxetine hcl
 1 paroxetine
 2 CELEXA *
 2 LEXAPRO
 2 PAXIL CR *
 2 ZOLOFT

Tier **Tertiary Amines**
 1 amitriptyline hcl

DERMATOLOGICAL MEDICATIONS

Tier **Antiacne Drugs**
 1 clindamycin phosphate
 1 erythromycin
 1 benzoyl perox.
 1 isotretinoin(prior authorization required)
 2 AVITA gel(prior authorization required)
 2 BENZACLIN
 2 BENZAMYCIN
 2 FINACEA
 2 METROGEL, CREAM, LOTION
 2 PLEXION, SCT, TS

Tier **Antipsoriasis & Antieczema Drugs**
 1 selenium sulfide
 2 TAZORAC

Tier **Corticosteroids**
 1 clobetasol propionate
 1 fluocinonide
 1 triamcinolone acetonide

Tier **Keratolytics**
 2 CONDYLOX gel

Tier **Miscellaneous Dermatologicals**
 1 ammonium lactate
 2 ELIDEL

EAR-NOSE MEDICATIONS

Tier **Drugs Affecting The Ear**
 2 CIPRO HC
 1 neomycin/polymyxin/hc

Tier **Drugs Affecting The Nose**
 1 ipratropium bromide
 2 FLONASE *
 2 NASACORT AQ
 2 NASONEX

ENDOCRINE MEDICATIONS

Tier **Glucocorticoids**
 1 methylprednisolone
 1 prednisone

Tier **Insulins**
 1 HUMALOG
 1 HUMULIN
 1 LANTUS
 1 NOVOLIN
 1 NOVOLOG

Tier **Insulin Sensitizers**
 2 ACTOS
 2 AVANDAMET
 2 AVANDIA

Tier **Oral Hypoglycemics**
 1 glipizide
 1 glyburide
 1 metformin hcl

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Tier Thyroid Supplements

- 1 levothyroxine sodium
- 1 thyroid
- 2 UNITHROID

Tier Other Endocrine Drugs

- 1 desmopressin acetate
- 2 ACTONEL
- 2 DIDRONEL
- 2 EVISTA
- 2 FOSAMAX

**GASTROINTESTINAL
MEDICATIONS**

**Tier Antispasmodics/Drugs
Affecting GI Motility**

- 1 dicyclomine hcl
- 1 hyoscyamine sulfate
- 1 metoclopramide hcl

Tier H. Pylori Drugs

- 2 PREVPAC

**Tier Proton Pump
Inhibitors**

- 1 omeprazole
- 2 PROTONIX

Tier Other GI Drugs

- 1 cimetidine
- 1 famotidine
- 1 hydrocortisone acetate
- 1 nizatidine
- 1 peg 3350/electrolyte
- 1 ranitidine
- 1 sulfasalazine
- 2 ASACOL
- 2 CREON
- 2 PENTASA

IMMUNOLOGICALS

**Tier Growth Hormones &
Related Drugs
*all require prior authorization***

- 2 GENOTROPIN
- 2 HUMATROPE
- 2 NORDITROPIN
- 2 NUTROPIN, AQ, DEPOT
- 2 PROTROPIN
- 2 SAIZEN

Tier Interferons

- 2 REBIF

**Tier Pegylated Interferons/
Oral Ribavirin Agents**

- 2 COPEGUS
- 2 PEG-INTRON
- 2 PEGASYS
- 2 REBETOL *

**MUSCULOSKELETAL
MEDICATIONS**

Tier CNS Muscle Relaxants

- 1 carisoprodol
- 1 cyclobenzaprine hcl

**Tier Non-Steroidal Anti-
Inflammatory Agents**

- 1 diclofenac sodium
- 1 ibuprofen
- 1 indomethacin
- 1 nabumetone
- 1 naproxen

Tier Salicylates & Related Drugs

- 1 choline mag trisalicylate
- 1 diflunisal
- 1 salsalate

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NUTRITION & BLOOD MODIFIERS

Tier Antiplatelet Drugs

- | | |
|---|-----------------|
| 1 | dipyridamole |
| 1 | ticlopidine hcl |
| 2 | AGGRENOX |
| 2 | PLAVIX |

Tier Blood Detoxicants

- | | |
|---|-----------|
| 1 | lactulose |
|---|-----------|

OBSTETRICAL & GYNECOLOGICAL MEDICATIONS

Tier Androgen Drugs

- | | |
|---|-----------|
| 2 | ANDRODERM |
| 2 | TESTIM |

Tier Contraceptives

- | | |
|---|--------------------------------------|
| 1 | desogestrel - ethinyl estradiol |
| 1 | ethynodiol diacet -ethinyl estradiol |
| 1 | ethinyl estradiol |
| 1 | ethinyl estradiol -levo-norgestrel |
| 1 | norethindrone -ethinyl estradiol |
| 1 | norethindrone -mestranol |
| 1 | norgestrel -ethinyl estradiol |
| 2 | CYCLESSA |
| 2 | ORTHO |
| 2 | TRI-CYCLEN LO |
| 2 | YASMIN |

Tier Estrogen Drugs

- | | |
|---|-------------------------------|
| 1 | estradiol(tablets&cream only) |
|---|-------------------------------|

Tier Prenatal Vitamins

- | | |
|---|------------|
| 2 | PRENATE |
| 2 | ADVANCE |
| 2 | PRENATE GT |

Tier Progestin Drugs

- | | |
|---|---------------------|
| 1 | medroxyprogesterone |
| 2 | PROMETRIUM |

Tier Specialized OB/GYN Drugs

- | | |
|---|--------------------|
| 1 | leuprolide acetate |
| 2 | CETROTIDE |

OPHTHALMIC MEDICATIONS

Tier Antibacterial Drugs

- | | |
|---|------------------------------|
| 1 | erythromycin |
| 1 | gentamicin sulfate |
| 1 | polymyxin b sul/trimethoprim |
| 1 | sulfacetamide sodium |
| 1 | tobramycin sulfate |
| 2 | CILOXAN * |
| 2 | OCUFLOX * |
| 2 | VIGAMOX |
| 2 | ZYMAR |

Tier Antiglaucoma Drugs

- | | |
|---|-----------------|
| 1 | timolol maleate |
| 1 | brimonidine |
| 2 | AZOPT |
| 2 | COSOPT |
| 2 | IOPIDINE |
| 2 | TRAVATAN |
| 2 | TRUSOPT |
| 2 | XALATAN |

Tier Corticosteroid Drugs

- | | |
|---|----------------------|
| 1 | prednisolone acetate |
| 2 | LOTEMAX |

Tier Other Ophthalmic Drugs

- | | |
|---|---------------------|
| 1 | homatropine |
| 1 | hydrobromide |
| 2 | ALOMIDE |
| 2 | EMADINE |
| 2 | LIVOSTIN |
| 2 | PATANOL |
| 2 | VOLTAREN OPHTHALMIC |
| 2 | ZADITOR |

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RESPIRATORY MEDICATIONS

Tier **Antitussive & Expectorants**

- | | |
|---|----------------------------------|
| 1 | benzonatate |
| 1 | guaifenesin
w/pseudoephedrine |
| 1 | hydrocodone
w/guaifenesin |
| 1 | promethazine w/codeine |
| 2 | TUSSIONEX |

Tier **Beta-2 Adrenergics**

- | | |
|---|------------------|
| 1 | albuterol |
| 2 | FORADIL |
| 2 | MAXAIR AUTOHALER |
| 2 | PROVENTIL HFA |
| 2 | SEREVENT DISKUS |
| 2 | XOPENEX |

Tier **Leukotriene Modifiers**

- | | |
|---|-----------|
| 2 | SINGULAIR |
|---|-----------|

Tier **Other Drugs For Asthma**

- | | |
|---|---------------------|
| 1 | cromolyn sodium |
| 1 | ipratropium bromide |
| 2 | ADVAIR DISKUS |
| 2 | ATROVENT inhaler |
| 2 | COMBIVENT |
| 2 | FLOVENT ROTADISK |
| 2 | INTAL inhaler |
| 2 | QVAR |

UROLOGICAL MEDICATIONS

Anticholinergic

Tier **Antispasmodics**

- | | |
|---|---------------------|
| 1 | oxybutynin chloride |
|---|---------------------|

Tier **Other Genitourinary Products**

- | | |
|---|---------|
| 2 | AVODART |
| 2 | FLOMAX |
| 2 | PROSCAR |

DIABETIC SUPPLIES

Tier **Blood Glucose Test Strips**

- | | |
|---|--------------|
| 1 | ACCU-CHEK |
| 1 | CHEMSTRIP bG |
| 1 | ONETOUCH |
| 1 | FAST TAKE |
| 1 | PRECISION |

Tier **Needles & Syringes**

- | | |
|---|-------------|
| 1 | NOVOFINE 30 |
| 1 | PRECISION |
| 1 | SURE DOSE |

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Section 2: Possible Alternatives for Non-Preferred or Tier 3 Drugs

Examples of Non-Preferred or Tier 3 Medications with Selected Preferred Alternatives

The following is a list of some non-preferred medications with examples of selected alternatives that are on the UMP Preferred Drug List.

Column 1 lists commonly-prescribed **non-preferred** medications.

Column 2 lists some **preferred or generic alternatives** that may be right for you, please discuss these with your provider.

Non-Preferred or Tier 3 Drug

Possible Alternatives

ACCOLATE	SINGULAIR
ACCUPRIL	enalapril, lisinopril, ALTACE
ACCURETIC	enalapril/hctz, lisinopril/hctz
ACEON	enalapril, lisinopril, ALTACE
ACIPHEX.....	omeprazole, PROTONIX
ACULAR,PF	VOLTAREN OPTHALMIC
AEROBID,M	FLOVENT ROTADISK, QVAR
ALAMAST	cromolyn sodium, ALOMIDE, PATANOL, ZADITOR
ALOCRIAL	cromolyn sodium, ALOMIDE, PATANOL, ZADITOR
ALPHAGAN P	brimonidine tartrate
ALREX	generic steroids
ALTOCOR	lovastatin, LIPITOR, PRAVACHOL
AMERGE	MAXALT
ANDROGEL	TESTIM, ANDRODERM
ANZEMET	ZOFRAN
ASCENSIA	ACCU-CHEK, ONETOUGH
ATACAND	AVAPRO, DIOVAN
ATACAND HCT	AVALIDE, DIOVAN HCT
AVINZA	generics
AXERT	MAXALT
AZELEX	generics, AVITA gel
AZMACORT	FLOVENT ROTADISK, QVAR
BECONASE AQ	FLONASE *, NASACORT AQ, NASONEX
BENICAR	AVAPRO, DIOVAN
BENICAR HCT	AVALIDE, DIOVAN HCT
BETIMOL	betaxolol, timolol, other generics
CARDENE SR	nifedipine extended release, NORVASC
CARDIZEM LA	diltiazem extended release
CATAPRES-TTS	clonidine hcl
CECLOR CD	cefaclor extended release
CEDAX	amox tr/potassium clavulanate, AUGMENTIN ES/XR, CEFZIL
CIPRO XR	AVELOX, CIPRO *, TEQUIN
COLAZAL	ASACOL, PENTASA
COVERA-HS	verapamil extended release
COZAAR	AVAPRO, DIOVAN
DIFFERIN	generics, AVITA gel
DIPENTUM	ASACOL, PENTASA
DYNABAC	erythromycin, BIAXIN/XL, ZITHROMAX

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Non-Preferred or Tier 3 Drug

Possible Alternatives

DYNACIRC,CR	nifedipine extended release, NORVASC
FAMVIR	acyclovir, VALTREX
FLOXIN	AVELOX, CIPRO *, TEQUIN
FML FORTE	generic steroids, LOTEMAX
FOCALIN	methylphenidate, CONCERTA, METADATE CD/ER
FROVA	MAXALT
GEODON	ABILIFY, RISPERDAL (non M-TAB), SEROQUEL, ZYPREXA (non-ZYDIS)
GLUCOPHAGE XR	metformin
GOLYTELY PEG	electrolyte
HELIDAC	PREVPAC
HYZAAR	AVALIDE, DIOVAN HCT
KLARON	generic, PLEXION SCT
KRISTALOSE	lactulose
KYTRIL	ZOFRAN
LESCOL, XL	lovastatin, LIPITOR, PRAVACHOL
LEVAQUIN	AVELOX, CIPRO *, TEQUIN
LEXXEL	LOTREL
LORABID	amox tr/potassium clavulanate, AUGMENTIN ES/XR, CEFZIL
LUMIGAN	TRAVATAN, XALATAN
MAVIK	enalapril, lisinopril, ALTACE
MAXAQUIN	AVELOX, CIPRO *, TEQUIN
MAXIDONE	hydrocodone/apap
MIACALCIN NASAL	ACTONEL, FOSAMAX
MICARDIS	AVAPRO, DIOVAN
MICARDIS HCT	AVALIDE, DIOVAN HCT
MIDRIN	isometh/d- chloralphenaz/apap
MOBIC	generic NSAIDs
MONOPRIL	enalapril, lisinopril, ALTACE
MONOPRIL HCT	enalapril/hctz, lisinopril/hctz
NASAREL	FLONASE *, NASACORT AQ, NASONEX
NORITATE	METROCREAM, METROGEL, METROLOTION
NOROXIN	AVELOX, CIPRO *, TEQUIN
NULEV	hyoscyamine sulfate, NEOSOL
NULYTELY	PEG ELECTROLYTE
OMNICEF	amox tr/potassium clavulanate, CEFZIL
OPTIVAR	PATANOL, ZADITOR
ORAPRED	prednisolone soln
OVIDREL	chorionic gonadotropin
OXYIR	oxycodone hcl caps immediate release
PCE	erythromycin, BIAXIN/XL, ZITHROMAX
PEDIAPRED	prednisolone soln
PENETREX	AVELOX, CIPRO *, TEQUIN
PHENYTEK	phenytoin sodium extended release
PLENDIL	nifedipine extended release, NORVASC
PRAVIGARD	lovastatin, LIPITOR, PRAVACHOL
PRILOSEC	generic omeprazole
PROTOPIC	ELIDEL
PROZAC WEEKLY	fluoxetine (daily), CELEXA *, LEXAPRO, PAXIL/CR *, ZOLOFT
PULMICORT	FLOVENT ROTADISK, QVAR(excluding respules)
QUIXIN	CILOXAN *, OCUFLOX *, VIGAMOX, ZYMAR
RELENZA	rimantadine, TAMIFLU
RESCULA	TRAVATAN, XALATAN
RESTORIL	7.5mg temazepam
RETIN-A	liquid, generics, AVITA gel
RHINOCORT AQUA	FLONASE *, NASACORT AQ, NASONEX
RISPERDAL M-TAB	RISPERDAL (non M-TABS)

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**Non-Preferred
or Tier 3 Drug**

Possible Alternatives

RITALIN LA	methylphenidate, CONCERTA, METADATE CD/ER
SERZONE	bupropion, EFFEXOR/XR, REMERON SOLTAB, WELLBUTRIN SR
SKELID	ACTONEL, DIDRONEL, FOSAMAX
SPECTRACEF	amox tr/potassium clavulanate, AUGMENTIN ES/XR, CEFZIL
SULAR	nifedipine extended release, NORVASC
SUPRAX	amox tr/potassium clavulanate, AUGMENTIN ES/XR, CEFZIL
TARKA	verapamil+ACE Inhibitor, LOTREL
TESTODERM	ANDRODERM, TESTIM
TEVETEN	AVAPRO, DIOVAN
TEVETEN HCT	AVALIDE, DIOVAN HCT
TOFRANIL-PM	imipramine tabs
TRI-NORINYL	ORTHO TRI-CYCLEN LO, generics
TROVAN	AVELOX, CIPRO *, TEQUIN
UNIPHYL	theophylline tab SA
UNIRETIC	enalapril/hctz, lisinopril/hctz
VANTIN	amox tr/potassium clavulanate, AUGMENTIN ES/XR, CEFZIL
VENTOLIN HFA	albuterol inhaler, MAXAIR AUTO, PROVENTIL HFA
VEXOL	generic steroids, LOTEMAX
ZAGAM	AVELOX, CIPRO *, TEQUIN
ZYFLO	SINGULAIR
ZYPREXA ZYDIS	ZYPRE XA (non-ZYDIS)

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**For more information regarding Prescription Drug Coverage for the
UMP PPO or UMP Neighborhood you may visit the UMP Web Site or contact
customer service at the address or phone number below:**

Uniform Medical Plan Web Site
www.ump.hca.wa.gov

Customer Service
1-866-576-3862

